

MEDICARE. Are you nearing 65 and not quite certain what to do? There are six steps presented in this article to help you successfully enter Medicare:

STEP 1: About three months before your entitlement to Medicare, you should receive an Initial Enrollment Questionnaire, known as the IEQ. The IEQ will ask whether you have other insurance that will pay before Medicare. Your answer is important because it will ensure correct payment of your Medicare claims. Complete and return your IEQ in a timely manner!

What if you didn't receive your IEQ by mail? You can complete the form online at www.myMedicare.gov, which means you will have to create an account (more about that in step four). A sample copy of the IEQ is also at www.Medicare.gov. No online access? Call 1-800-MEDICARE (1-800-633-4227).

You have now completed step one, so what's next?

ALL IT TAKES IS 5 MINUTES TO
COMPLETE THE FORM, SO DON'T PUT OFF
THIS IMPORTANT FIRST STEP!

STEP 2: Fill out an authorization form. By law, Medicare must have your written consent (your authorization) to use or release your personal medical information for any purpose that isn't set out in the privacy notice contained in the *Medicare and You Handbook*. You may revoke your written permission at any time, except if Medicare has already acted based on your permission. The form is a three-step process and should take about 10-15 minutes to complete. Those with online access can go to <https://www.medicare.gov/MedicareOnlineForms/AuthorizationForm/OnlineFormStep.asp>.

Make a copy of the form before mailing it to Medicare. Again, those without online access should call 1-800-MEDICARE (1-800-633-4227) to obtain the authorization form. Once your authorization form is completed, you can move on to step three.

STEP 3: Schedule a "Welcome to Medicare" physical exam. The exam is free* (no-co-payment or deductible) and is a one-time comprehensive exam. The exam is offered during the first 12 months you have Medicare, which is why it is important you don't miss the timeline to begin the Medicare process! You may call your doctor for the free exam, but if you don't have one, you can view an online directory of providers at www.medicare.gov/find-a-doctor/provider-search.aspx. After the first year, you can get an annual "Wellness" exam for free. So, what should you expect during your exam? The doctor will record and evaluate your medical and family history, current health conditions and prescriptions; check your blood pressure, vision, weight, and height; ensure you're up to date with preventative screenings and services, such as cancer screenings and shots; order further tests, depending on your general health and medical history. Following your exam, your doctor will give you a plan or checklist with free screenings and preventative services that you need. Note: Additional tests may be at your expense.

*The exam is covered by the Original Medicare (Part B) and Medicare Advantage Plans. Under the new healthcare law, the exam is now free to those with Original Medicare, and to most people with Medicare Advantage Plans, along with a number of preventative screenings and services (like mammograms and colonoscopies).

STEP 4: Sign up for MyMedicare.gov. It is a secure online service where you can access your online personal Medicare information 24 hours a day.

STEP 5: Choose and join a Medicare Drug Plan. This is what is known as Part D of Medicare. **Important Note!** When you first become eligible for Medicare, **you will only have seven months to join a Medicare drug plan.**

STEP 6: Download a copy of *Your Medicare Benefits*. This publication explains the rules about which health care services and supplies Medicare covers.

MEDICARE. We have just covered six key steps. As you get closer to 65, don't hesitate to enroll in Medicare. Failure to miss enrollment deadlines will cost you both time and money. Not only will you have to wait until an open season becomes available to enroll, you will also face monetary penalties. When it's your time, don't be afraid to take the first step.

The A, B, C, and Ds of Medicare

In step five, we mentioned Part D. If you are new to Medicare, you probably scratched your head and asked, "What is Part D?" The letter D is an important letter in Medicare coverage, and so are the letters A, B, and C once you turn 65. In a nutshell:

Part A is hospital insurance. Most people who worked paid Medicare taxes. If you didn't pay Medicare taxes, you must meet certain eligibility requirements to buy it and you must buy Part B too.

Part B is medical insurance and you pay a premium for it. Some folks are automatically enrolled in Part B. It covers medically necessary services, such as outpatient care, some preventative care, and doctors' services. If you don't sign up for Part B when you are first eligible, you may have to pay a late-enrollment penalty.

Part C is the Medicare Advantage Plan. Part C is another Medicaid health plan. Plans are offered by private companies that are approved by Medicare. Plans may offer extra coverage, such as dental and vision plans. If you have one of these plans, it will cover all of your Part A and Part B coverage.

Part D is for Medicare Prescription Drug Coverage. There are two ways to get Part D: 1) Your Medicare coverage or 2) Medicare Advantage Plan. Part D plans vary in cost and drugs covered. To join a prescription drug plan, you must have either Part A or Part B. To join a Medicare Advantage Plan, you must have Part A and Part B. You must also live in the service area of the Medicare drug plan you want to join. Like Part B, if you

don't sign up for Part D when you are first eligible, you may pay a late-enrollment penalty.

For more information about Medicare, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

If you follow the steps presented here, you should have a successful transition to Medicare!